

From: [Redacted] To: [Redacted] Fax: (850) [Redacted] File: [Redacted] 05/06/2019 4:16 PM

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : COGENCY GLOBAL, INC.
Account Number : I20000000088
Phone : (800)221-0102
Fax Number : (800)944-6607

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TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

Foreign Limited Liability Company
Encompass Health Home Health of Florida, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

12:00 PM - 05/06/2019

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Encompass Health Home Health of Florida, LLC
 (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware
 (Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-4639428
 (FEI number, if applicable)

4. _____
 (Date first transacted business in Florida, if prior to registration)
 (See sections 603.0904 & 603.0905, F.S. to determine penalty liability)

5. 6688 North Central Expressway, Suite 1300
 (Street Address of Principal Office)

6. 6688 North Central Expressway, Suite 1300
 (Mailing Address)

Dallas, TX 75206

Dallas, TX 75206

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
 (City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Lisa D. DuBois Lisa D. DuBois, Assistant Secretary
 (Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Douglas E. Coltharp

☐ Member Address: 9001 Liberty Parkway

☐ Authorized Birmingham, AL 35242

Person _____

☒ Other President ☐ Other _____

☐ Manager Name: Robert W. McCullum, III

☐ Member Address: 9001 Liberty Parkway

☐ Authorized Birmingham, AL 35242

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: Patrick Darby

☐ Member Address: 9001 Liberty Parkway

☐ Authorized Birmingham, AL 35242

Person _____

☒ Other VP & Secretary ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: April Anthony

☐ Member Address: 6688 N. Central Expressway

☐ Authorized Suite 1300

Person Dallas, TX 75206

☒ Other Vice President ☐ Other _____

☐ Manager Name: G. Robert Thompson

☐ Member Address: 6688 N. Central Expressway

☐ Authorized Suite 1300

Person Dallas, TX 75206

☒ Other Vice President ☐ Other _____

☐ Manager Name: Edmund M. Fay

☐ Member Address: 9001 Liberty Parkway

☐ Authorized Birmingham, AL 35242

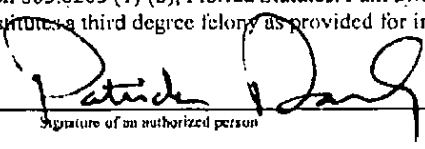
Person _____

☒ Other Treasurer ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Signature of an authorized person

Patrick Darby

Typed or printed name of signee

Encompass Health Honie Health of Florida, LLC

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

Barbara A. Jacobsmeyer
Vice President
9001 Liberty Parkway
Birmingham, AL 35242

Andrew L. Price
Vice President
9001 Liberty Parkway
Birmingham, AL 35242

Robert W. Wisner
Vice President
9001 Liberty Parkway
Birmingham, AL 35242

Sandra W. Murvin
Assistant Secretary
9001 Liberty Parkway
Birmingham, AL 35242

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENCOMPASS HEALTH HOME HEALTH OF FLORIDA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENCOMPASS HEALTH HOME HEALTH OF FLORIDA, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

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You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202771460

Date: 05-06-19